

Boxing Event Report
Kentucky Boxing and Wrestling Authority

500 Mero Street
Capitol Plaza Tower, 6th Floor, Office 601
Frankfort, KY 40601

Complying with the law and rules regulating wrestling, I submit this report on the following event:

Promoter _____ Date of Show _____

Location _____ License Number _____

Please list names of all participants and their license number (this list must include all boxers, managers, referees, and timekeepers)

Name	License Number	Name	License Number

Ticket sales information:

Advance sales _____ X \$ _____ = _____
Door sales _____ X \$ _____ = _____
Kids sales _____ X \$ _____ = _____
Other sales _____ X \$ _____ = _____

Total sales information:

Total Sales: _____
5% of Sales: _____
Total Due: _____

I hereby certify that the above is a true and complete return and that no person was admitted without a ticket and that no other event has been held since the last report:

Promoter's Signature _____